

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089805

Entity Name: BAYSHORE FINANCIAL, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

6900 S. GRAY ROAD  
INDIANAPOLIS, IN 46237

## New Principal Place of Business:

## Current Mailing Address:

6900 S. GRAY ROAD  
INDIANAPOLIS, IN 46237

## New Mailing Address:

FEI Number: 35-2120353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JACKSON, WESSLEY E  
Address: 6900 S. GRAY ROAD  
City-St-Zip: INDIANAPOLIS, IN 46237

Title: D ( ) Delete  
Name: JACKSON, ETHAN  
Address: 6900 S. GRAY RD  
City-St-Zip: INDIANAPOLIS, IN 46237 VI

Title: VTD ( ) Delete  
Name: JACKSON, BLAKE A  
Address: 6900 S. GRAY ROAD  
City-St-Zip: INDIANAPOLIS, IN 46237

Title: DV ( ) Delete  
Name: JACKSON, KYLE E  
Address: 6900 S. GRAY ROAD  
City-St-Zip: INDIANAPOLIS, IN 46237

Title: V ( ) Delete  
Name: COX, DAVID  
Address: 9421 HUNTERS PONE DR  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete  
Name: WILLIAMS, TERESA C  
Address: 6900 S. GRAY ROAD  
City-St-Zip: INDIANAPOLIS, IN 46237

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: COX, DAVID  
Address: 9421 HUNTERS LAKE DR  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA C. WILLIAMS

SEC

04/21/2009

Electronic Signature of Signing Officer or Director

Date